MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
07/699,732	
APPLICANT(S)	

2-3-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2	/						52							
3	/						53							
4	/						54							
5		/					55							
6	/						56							
7	/						57							
8	/						58							
9	/						59							
10	/						60							
11	/						61							
12	/						62							
13	/						63							
14	/						64							
15	/						65							
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17	/						67							
18	/						68							
19	/						69							
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21	/						71							
22	/						72							
23	/						73							
24		/					74							
25		/					75							
26		/					76							
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40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2						TOTAL IND.							
TOTAL DEP.	3						TOTAL DEP.							
TOTAL CLAIMS	7						TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)